| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | HL | | 5-2-01 |
| O.I.P.E. CLASSIFIER | | | 5-19-01 |
| FORMALITY REVIEW | MTO | 957 | 6/25/01 |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

## INDEX OF CLAIMS

| | | | |
|---|---|---|---|
| ✔ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| – (Through numeral) | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | | Date | | Claim | | Date | | Claim | | Date |
|---|---|---|---|---|---|---|---|---|---|---|
| Final | Original | | | Final | Original | | | Final | Original | |
| 1 | | | | 51 | | | | 101 | | |
| 2 | O | | | 52 | | | | 102 | | |
| 3 | O | | | 53 | | | | 103 | | |
| 4 | | | | 54 | | | | 104 | | |
| 5 | O | | | 55 | | | | 105 | | |
| 6 | | | | 56 | | | | 106 | | |
| 7 | | | | 57 | | | | 107 | | |
| 8 | | | | 58 | | | | 108 | | |
| 9 | | | | 59 | | | | 109 | | |
| 10 | O | | | 60 | | | | 110 | | |
| 11 | N | | | 61 | | | | 111 | | |
| 12 | | | | 62 | | | | 112 | | |
| 13 | N | | | 63 | | | | 113 | | |
| 14 | O | | | 64 | | | | 114 | | |
| 15 | O | | | 65 | | | | 115 | | |
| 16 | O | | | 66 | | | | 116 | | |
| 17 | | | | 67 | | | | 117 | | |
| 18 | O | | | 68 | | | | 118 | | |
| 19 | | | | 69 | | | | 119 | | |
| 20 | | | | 70 | | | | 120 | | |
| 21 | | | | 71 | | | | 121 | | |
| 22 | | | | 72 | | | | 122 | | |
| 23 | O | | | 73 | | | | 123 | | |
| 24 | | | | 74 | | | | 124 | | |
| 25 | | | | 75 | | | | 125 | | |
| 26 | | | | 76 | | | | 126 | | |
| 27 | | | | 77 | | | | 127 | | |
| 28 | | | | 78 | | | | 128 | | |
| 29 | | | | 79 | | | | 129 | | |
| 30 | | | | 80 | | | | 130 | | |
| 31 | | | | 81 | | | | 131 | | |
| 32 | | | | 82 | | | | 132 | | |
| 33 | | | | 83 | | | | 133 | | |
| 34 | | | | 84 | | | | 134 | | |
| 35 | | | | 85 | | | | 135 | | |
| 36 | | | | 86 | | | | 136 | | |
| 37 | | | | 87 | | | | 137 | | |
| 38 | | | | 88 | | | | 138 | | |
| 39 | | | | 89 | | | | 139 | | |
| 40 | | | | 90 | | | | 140 | | |
| 41 | | | | 91 | | | | 141 | | |
| 42 | | | | 92 | | | | 142 | | |
| 43 | | | | 93 | | | | 143 | | |
| 44 | | | | 94 | | | | 144 | | |
| 45 | | | | 95 | | | | 145 | | |
| 46 | | | | 96 | | | | 146 | | |
| 47 | | | | 97 | | | | 147 | | |
| 48 | | | | 98 | | | | 148 | | |
| 49 | | | | 99 | | | | 149 | | |
| 50 | | | | 100 | | | | 150 | | |

Handwritten notes:
1-10 case
11-13 embossed product
14-23 method
24-25 approach

If more than 150 claims or 10 actions
staple additional sheet here

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